

APR 2 9 2004

RECEIVED **GENTRAL FAX CENTER**

INTELLECTUAL PROPERTY LAW INCLUDING PATENTS, TRADEMARKS, COPYRIGHTS AND RELATED MATTERS

300 ESPLANADE DRIVE, SUITE 800 OXNARD, CALIFORNIA 93030

TELEPHONE: (808) 278-8855 FACSIMILE: (806) 278-8064 EMAIL: Mail@CuttingEdgePatents.com

Facsimile Cover Sh

| To: | Hon. Commissioner for Patents, TC2100 | | | | Craig S. Fischer |
|-------------|---------------------------------------|--|------------------|-----------------|---|
| Fax: | (703) 872-9 | 306 | | Pages: Date: | 9 (inclusive) April 29, 2004 |
| Re: | Filed: Dec | 09/460,688 ember 14, 1999 ocket No: MCS-117-99 | | | |
| ☐ Urgent | | ☑ For Review | ☐ Please Comment | | Please Reply |
| | ,,,, ,, ,, | | | | *************************************** |

| CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8 | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| I hereby certify that this correspondence is being facsimile transmitted to the United States Paters and Trademark Office on April 29, 2004 Date Signature | | | | | | | | | |
| | Craig S. Fischer | | | | | | | | |
| | Typed or printed name of person signing Certificate | | | | | | | | |
| This correspondence includes the following attached papers: | | | | | | | | | |
| 1. Facsimile Cover Sheet including Certificate of Transmission under 37 C.F.R. § 1.8 (1 page); | | | | | | | | | |
| 2. Amendment Transmittal Letter (1 page); | | | | | | | | | |
| 3. Amendment under 37 C.F.R. § 1.111 (7 pages) | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

This message is intended for the use of the individual or entity to which it is addressed, and may contain information that is privileged and confidential. If you are not the intended recipient, or the employee or agent responsible for delivering the message to the intended reciplent, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephon and return the original message to us at the above address via the U.S. Postal Service.

If there are any problem with this transmission, please call (805) 278-8855.

| TRANSM Applicant(s): PA | | | Docket No. MCS-117-99 | | | | | | | | | |
|--|---|------------------------------|--------------------------|------------------------|--------|------------------------|--|--|--|--|--|--|
| Serial No. 09/460,688 | | Filing Date December 14,1999 | | Examiner D.W. CRAIG | | Group Art Unit 2123 | | | | | | |
| Invention: SYSTEM AND METHOD FOR SIMULATING NETWORK CONNECTION CHARACTERISTICS | | | | | | | | | | | | |
| | TO THE HON. COMMISSIONER FOR PATENTS: | | | | | | | | | | | |
| | Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | | | | | | | |
| | | | CLAIMS A | AS AMENDED | | | | | | | | |
| | CLAIMS REMAINING | | HIGHEST# | NUMBER EXTRA | | ADDITIONAL | | | | | | |
| | AFTER | AMENDMENT | PREV. PAID FOI | R CLAIMS PRESENT | RATE | FEE | | | | | | |
| TOTAL CLAIMS | 2 | 2 - | 38 = | = 0 | x \$18 | 3.00 \$ 0.00 | | | | | | |
| INDEP. CLAIMS | 1 | - | 7 = | = 0 | x \$86 | 5.00 \$ 0.00 | | | | | | |
| Multiple Dependent Claims (check if applicable) | | | | | | | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$ 0.00 | | | | | | | | | | | | |
| No additional fee is required. Please charge Deposit Account No. in the amount of A duplicate copy of this sheet is enclosed. A check in the amount of to cover the filing fee is enclosed. A credit Card Payment Form (PTO-2038) for payment for | | | | | | | | | | | | |